



VOLUNTEER APPLICATION
JENNINGS COUNTY CITIZEN CORPS

200 East Brown Street Vernon, IN 47282

Recruited by (Agency/Key Volunteer Leader) _____
(PLEASE PRINT) Date _____

Personal Information:

Name: _____ Your Age Bracket (check one) 54 & younger _____ 55-59 _____ 60+ _____

Address/city/state/zip: _____

Emergency contact name/number: _____

Phone _____ Cell phone/alternate number: _____ Email: _____

Contact preference: home ___ work ___ Cell phone ___ E-mail ___ Between hours of: _____

Personal reference name/number: _____

Experience and Skills:

Current employer: _____

Address/phone: _____

Are there any functions you cannot perform? Explain: _____

Do you have a valid driver's license? Yes ___ No ___ State _____ Do you have a reliable vehicle?: Yes ___ No ___

Have you volunteered before? Yes ___ No ___ Where: _____

Briefly, please tell us what your interests are, and what your background, hobbies and experiences have been (please include any current licenses or certifications you may have)

Availability: Do you have ON CALL Availability? (Circle one) YES NO

What is your availability for volunteering? _____ hours per week _____ days per week

Do you want to volunteer with a specific agency? (If yes, please list) _____

Please fill in your available hours below:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Check areas of: E=experience and/or V=volunteer

Administration <input type="checkbox"/> Long range planning <input type="checkbox"/> Management by objectives <input type="checkbox"/> Office management <input type="checkbox"/> Systems and procedures <input type="checkbox"/> Organizational design <input type="checkbox"/> Human Resource <input type="checkbox"/> Wage/salary <input type="checkbox"/> Compliance <input type="checkbox"/> Recruitment <input type="checkbox"/> Employee benefits <input type="checkbox"/> Training <input type="checkbox"/> Policy development Finance <input type="checkbox"/> Accounting <input type="checkbox"/> Auditing <input type="checkbox"/> Bank lending <input type="checkbox"/> Budgeting & financial planning <input type="checkbox"/> Cost accounting <input type="checkbox"/> Equity financing <input type="checkbox"/> Internal controls <input type="checkbox"/> Taxation <input type="checkbox"/> Treasury functions <input type="checkbox"/> Venture capital Emergency/Medical <input type="checkbox"/> Emergency Management <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Counselor/Psychologist <input type="checkbox"/> Social Work <input type="checkbox"/> Law Enforcement Military <input type="checkbox"/> Armed forces <input type="checkbox"/> Reservist <input type="checkbox"/> National Guard	Insurance <input type="checkbox"/> Auto <input type="checkbox"/> Health <input type="checkbox"/> Liability <input type="checkbox"/> Personal <input type="checkbox"/> Commercial Legal <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Contracts <input type="checkbox"/> Tax <input type="checkbox"/> Patents <input type="checkbox"/> Not for profit Operations <input type="checkbox"/> Construction <input type="checkbox"/> Engineering <input type="checkbox"/> Industrial design <input type="checkbox"/> Manufacturing <input type="checkbox"/> Product management <input type="checkbox"/> Architecture <input type="checkbox"/> Purchasing <input type="checkbox"/> Heavy equipment <input type="checkbox"/> Aircraft Real Estate <input type="checkbox"/> Brokerage <input type="checkbox"/> Consulting <input type="checkbox"/> Leasing <input type="checkbox"/> Management/buildings Environment <input type="checkbox"/> Land Management <input type="checkbox"/> Water control <input type="checkbox"/> Ecosystem <input type="checkbox"/> Forestry <input type="checkbox"/> Animal Management <input type="checkbox"/> Nuclear <input type="checkbox"/> Biochemical <input type="checkbox"/> Hazardous Materials/Chemicals	Marketing/Fund Raising <input type="checkbox"/> Advertising/promotion <input type="checkbox"/> Public relations <input type="checkbox"/> Copywriting <input type="checkbox"/> Design and layout <input type="checkbox"/> Bulk mailing <input type="checkbox"/> Market research <input type="checkbox"/> Marketing <input type="checkbox"/> Product design <input type="checkbox"/> Sales <input type="checkbox"/> Fund raising Technical <input type="checkbox"/> Systems analysis <input type="checkbox"/> Programming <input type="checkbox"/> Computer operation <input type="checkbox"/> Troubleshooting <input type="checkbox"/> Networking <input type="checkbox"/> Telecommunications Education <input type="checkbox"/> Child Development <input type="checkbox"/> Elementary <input type="checkbox"/> Adult <input type="checkbox"/> Learning disabled <input type="checkbox"/> Literacy Other <input type="checkbox"/> Food service <input type="checkbox"/> Hotel services <input type="checkbox"/> Retailing <input type="checkbox"/> Child care <input type="checkbox"/> Custodian <input type="checkbox"/> Maintenance <input type="checkbox"/> Clergy <input type="checkbox"/> Foreign language (specify) _____ _____ <input type="checkbox"/> License/Certification _____ <input type="checkbox"/> Other _____ _____
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We assure an equal volunteer opportunity to all applicants without regard to race, color, religion, sex, age, national origin, disability, or marital status.

I give permission to the Jennings County Citizen Corps to obtain references necessary to make a decision regarding my volunteer status and hold persons and/or organizations giving references harmless and free of any and all liability that could result from this process. I verify that I have not been convicted of a felony or, within the last 24 months, been convicted of a misdemeanor that resulted in imprisonment. I certify that the information provided is true and correct to the best of my knowledge. I understand that in the event information given is false or misleading, my volunteer status will be terminated. I hereby understand and acknowledge that my volunteer status with this organization can be terminated at any time. I also understand that I am required to abide by all State and Federal laws and all rules and regulations of the agency. I understand that in the event of a public emergency or natural disaster, information regarding my volunteer status will be shared with those agencies associated with Jennings County's Citizen Corps.

Volunteer signature: _____ Date: _____

I agree to hold all information pertaining to the agency, associated organizations and individuals, customer and business functions confidential. I understand failure to comply could result in termination of volunteer status.

Volunteer signature: _____ Date: _____

Parental signature: (if volunteer is under 18 years) _____ Date: _____